



## GEORGIA DEPARTMENT OF LAW

40 Capitol Square, SW  
Atlanta, Georgia 30334-1300

CHRISTOPHER M. CARR  
ATTORNEY GENERAL

[www.law.ga.gov](http://www.law.ga.gov)

### GEORGIA CERTIFICATE OF COMPLIANCE ADDITIONAL INFORMATION PARTICIPATING MANUFACTURER

1. Applicant Manufacturer's name ("Applicant"):
2. Brands currently listed on Georgia Directory of Compliant Tobacco Manufacturers ("Directory"):
3. Brands requested to be listed on the Georgia Directory of Compliant Tobacco Manufacturers in 2024 (only brands listed here will be eligible to appear on the Georgia Directory of Compliant Tobacco Product Manufacturers):
4. Check Yes or No as appropriate for all questions. Provide additional information and continue on a separate page, as necessary.

a. Has either the Applicant or any of its brand families been denied listing or involuntarily removed from the "approved for sale" tobacco products directory of any state? If yes, please explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<p>b. Does the Applicant affirmatively certify that it holds a valid permit to engage in business as a manufacturer of tobacco products or processed tobacco under 26 U.S.C. §5713?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>c. Has a state or federal court entered a judgement finding that the Applicant engaged in an unfair business practice? If yes, provide an explanation and a copy of ruling.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>d. Has the FDA made any negative findings regarding any of the Applicant’s brands or brand families or declared any of the Applicant’s brands to be adulterated? If yes, list the brand(s), current status of the brand(s), and attach a copy of the findings.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>e. Does the Applicant “contract manufacture” any brands it seeks to certify on behalf of another entity? If yes, list the brands, name(s), and contact information of the other entity.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>f. Is the Applicant the fabricator of the brands listed in this certification? If no, list the fabricator of each brand.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>g. Are the brands listed in this certification intended to be sold in the United States, including cigarettes intended to be sold in the United States through an importer?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>h. Is the Applicant the first purchaser anywhere for resale in the United States of cigarettes manufactured anywhere that the manufacturer does not intend to be sold in the United States?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>i. Is the Applicant a successor of an entity described in Questions G or H above (manufacturer or first importer)? Please identify the predecessor.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>j. If the Applicant answered “No” to questions G, H, and I above, please explain the basis for the Applicant’s claim that it is a Tobacco Product Manufacturer under O.C.G.A. § 10-13-2. Please submit all documentation to support the Applicant’s contention.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>k. Does the Applicant have any agreements with any Non-Participating Manufacturers (NPM) related to fabricating, importing, distribution, transportation, or sale of any cigarettes or roll your own (“RYO”) tobacco? If yes, list the brand and purpose of agreement.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>l. Is the Applicant in compliance with all PACT Act reporting obligations to the State of Georgia?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>m. Has the Applicant, any person, or Affiliate listed in this Certification or accompanying information been denied a permit, license, or other authorization to engage in a business relating to the sale of tobacco by any government entity (federal, state, local, and foreign) or had such permit revoked, suspended or otherwise terminated? If yes, please provide details.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

**5. Manufacturing Facility Identification:** Enter the name, owner, address, phone, and email of the factory that currently fabricates the cigarettes or roll your own (“RYO”) tobacco listed. Indicate the name and address of any other company that has access to or utilizes the same facility.

**6. Execution by Authorized Designee**

This certification must be signed by a qualified company officer authorized to bind the applicant company.

By executing this document, I confirm that my position with the company and my actual authority to certify on behalf of the applicant meets the foregoing requirements.

I affirm that the Brand Families listed are deemed to be the cigarettes of the named Tobacco Product Manufacturer for purposes of calculating its payments under the Master Settlement Agreement for the relevant year, in the volume and shares determined pursuant to the Master Settlement Agreement. I also affirm that the named Tobacco Product Manufacturer is generally performing its financial obligations under the Master Settlement Agreement.

I understand the Georgia Attorney General may require additional information and/or documentation to determine if the applicant company, brands, or brand families comply with Georgia law and qualify for the Georgia Directory.

Under penalty of perjury, I state that the information contained in this Certification and the attachments is true and accurate.

Designee (Print Name): \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me on this date \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_ City or County of: \_\_\_\_\_

My Commission expires: \_\_\_\_\_